

B-62

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

Statement On Reverse Side

Page of Pages

ELECTRONIC STD. 262 (REV. 01/95)

CLAIMANT'S NAME

Matthew R. Bettenhausen

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

California Emergency Management Agency

POSITION

Acting Secretary

CB/ID NUMBER

E99

DIVISION OR BUREAU

Executive

INDEX NUMBER

RESIDENCE*

HEADQUARTERS ADDRESS

3650 Schriever Ave.

TELEPHONE NUMBER

916-324-8908

CITY
Sacramento

STATE
CA

ZIP CODE
95833

CITY
Mather

STATE
CA

ZIP CODE
95655

(1) MONTH/YEAR June 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		O.T., L.T., N/C, RELO. OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY	
(2) DATE	TIME			BREAK- FAST	LUNCH			(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
6-Jun	6:10	Sacramento to DC	\$ 230.42		\$ 10.00	\$ 18.00							\$ 258.42	
7-Jun		DC	\$ 230.42	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00						\$ 270.42	
8-Jun		DC	\$ 230.42	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00			\$ 2.00			\$ 272.42	
9-Jun		DC	\$ 230.42	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00						\$ 270.42	
10-Jun		DC		\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00						\$ 40.00	
11-Jun	2:30	DC to Sacramento								45.00 \$ 65.00			45.00 \$ 65.00	
(10) SUBTOTALS			\$ 921.68	\$ 24.00	\$ 50.00	\$ 90.00	\$ 24.00			\$ 67.00			1156.68 \$ 1,476.68	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

6/7: NGA New Advisor Training

6/8-9: NGA Governor's Homeland Security Advisory Committee Spring Meeting, meter parking

6/10: Speak at US Chamber National Security Task Force meeting.

(12) NORMAL WORK HOURS

9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

48.5¢/Mile

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt use.

(17) SIGNATURE AND TITLE OF AUTHORIZED PERSON FOR TRAVEL EXPENSES (See item 17 on reverse)

DATE

DATE

11/5/2009

